

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM STO-87)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER INDEPENDENT		AFTER DEPENDENT	
	NO.	O.F.	NO.	O.F.	NO.	O.F.
1	1					
2		1				
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TOTAL NO.						
TOTAL O.F.						
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TOTAL O.F.					
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